

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

1097

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl # 3

SAPC 22910

COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,423.	98

PAYMENT:

Complete ☐Partial ☐Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 6,423.98

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 12/20/57 *Payee

(Date not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for

(Signature or initials)

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in full in the space provided. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1097
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A101</u> System I Direct Costs Properly Chargeable to Contract <u>A101</u> for the period 11/25 thru 12/15. STATINTL Research & <u>Development</u>					
		Labor for the period 11/25/57 thru 12/15/57 JV-25-117060					
		Other Costs - per schedule attached sheet no. 2 3,063.95 <u>598.63</u>					
		Total Labor and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$ 6,423.98	
		STATINTL					

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010032-0

Bureau Voucher for Purchase of
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 2 of Bureau Voucher No. 1097
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET							
INVOICE							
CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO					
DM-1270	1107	136				(2.40)	
DM-1270	1107	136					.05
VC-3665	12157	231				(208.00)	
VC-3665	12157	231				4.16	
		JV-25-117040				119.30	
		117060				388.52	
		117702				297.00	
						<u>598.63</u>	

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TICKET INVOICE CHECK PAYEE NAME
BATCH NO DATE CR MEMO NO VENDOR NO TR CODE COST CNTR ACCT MJO DATE 11/30/57 SO M O DISTR ANT

37 11 25 7 DM-1229 11277 290 50 254000 12501 5041 14 1 3.22-
37 11 25 7 DM-1229 11277 290 51 254000 12501 5041 14 1 .06

3.16-*

3.16-*

39 11 26 7 80 11277 352 50 254000 12501 5041 17 1 4.00
4.00 *

4.00 **

• 84 ***

Sheet #1

Continued

Sheet #2

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 12/08/57 SO	W O	DISTR AMT
02 12 02 7	D179301	12057	290	50	254000	12501	5041	14	1	3.22
02 12 02 7	D179301	12057	290	51	254000	12501	5041	14	1	3.06
03 12 02 7	40015	12137	1357	50	254000	12501	5041	17	1	3.16 **
09 12 05 7	589	1028								198.00
										198.00
										396.00 *
										396.00 **
										399.16 ***

Continued

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BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE	SO	W O	DISTR AMT
20	12	11	7	1809	12137	266	50	254000	12501	5041	02	1
20	12	11	7	1809	12137	266	51	254000	12501	5041	02	1

60.00
59.70 *
59.70 **
59.70 ***

Sheet #3

Continued

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BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	IR CODE	COST CNTR	ACCT	MJO	DATE 12/08/57 SO W O	DISTR AMT
07 12 04 7	68688	12207	585	50	252300	12501	5061	14 1	1,140.00
14 12 06 7	DM-1258	12277	585	50	252300	12501	5061	14 1	1,520.00-
08 12 04 7	4315	12277	1525	50	254000	12501	5061	14 1	380.00-*
									48.00
									48.00 *
									332.00-***
									332.00-***

332.00-***

332.00-***

48.00
48.00 *

380.00-*

1,140.00
1,520.00-

DISTR AMT

Sheet #4

Continued

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BATCH NO	DATE	TICKET INVOICE CR. MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE	SO	W	D.	SIR	AMT
23	12	12	7	88402	12277	524	50	252140	12501	5061	90	1		
														316.25
														316.25
														*

316.25 **
316.25 ***
316.25 ***

Sheet #5

Continued

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TICKET		PAYEE NAME		TR		COST		ACCT		MJO		DATE 12/08/57		DISTR AMT	
BATCH	INVOICE	CHECK	OR	CODE	CNTR	ACCT	MJO	SO	W	O					
NO	CR MEMO	NO	VENDOR	NO											
03 12 02 7	CM-1245	12067	585	50	254000	12501	5065	12	1					318.00	
03 12 02 7	DM-1246	12067	585	50	254000	12501	5065	12	1					501.00	
07 12 04 7	6967-A	12207	585	50	254000	12501	5065	12	1					540.00	
10 12 05 7	7023-A	12277	585	50	254000	12501	5065	12	1					175.00	
10 12 05 7	7023-B	12277	585	50	254000	12501	5065	12	1					1,110.00	
11 12 05 7	7023-C	12277	585	50	254000	12501	5065	12	1					198.00	
11 12 05 7	7023-D	12207	585	50	254000	12501	5065	12	1					540.00	
12 12 05 7	6967-A	12207	585	50	254000	12501	5065	12	1					540.00	
														2,440.00	*

2,440.00 **
2,440.00 ***

Continued

BATCH NO 20 12 11 7
 TICKET INVOICE CR MEMO 6967
 CHECK NO 1038
 PAYEE NAME OR VENDOR NO 585
 TR CODE 50
 COST CNTR 254000
 ACCT 12501
 DOJ 5065
 DATE 12/15/57
 SO 12 1
 W O
 D. STR AMT
 180.00
 180.00
 180.00 ***

180.00 **

180.00 ***

Sheet 1 .84

" 2 399.16

" 2 57.70

" 4 1333.00

" 5 316.25

" 6 3,440.00

total \$ 3,063.95